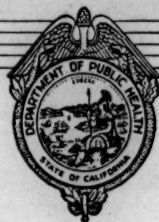


WEEKLY BULLETIN

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

University of California

ESTABLISHED APRIL 15, 1870
WILTON L. HALVERSON, M.D., Director



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SACRAMENTO, 631 J STREET, 2-4711

SAN FRANCISCO, 603 PHELAN BLDG., 760 MARKET ST., UN 8700

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Vol. XXII, No. 18

MAY 22, 1943

GUY P. JONES
Editor

REGULATIONS OF THE CALIFORNIA STATE BOARD OF PUBLIC HEALTH FOR THE CONTROL OF COMMUNICABLE DISEASE

(Continued from last issue)

Typhus Fever

(Louse borne)—(epidemic type)

SECTION 98

Quarantine shall be as defined in Section 35. Also see Section 15.

(a) Case

The health officer shall communicate immediately with the Director of the State Department of Public Health. The patient shall be kept in a vermine free room and all lice and louse eggs on the clothing or in the hair of the patient shall be destroyed. The period of quarantine shall terminate at the time of the clinical recovery of the patient.

(c) Contacts

Shall be vermine free and be kept in quarantine for 14 days after last exposure.

Undulant Fever

SECTION 99

Reportable only. No restriction on case or contacts.

Whooping Cough

SECTION 100

Isolation shall be as defined in Section 37.

(a) Case

The patient shall be isolated during the early catarrhal period and for 21 days after the appearance of the typical paroxysmal cough.

(b) Immune Children

Children giving evidence satisfactory to the health officer or having had the disease are not subject to any restriction.

(c) Non-immune Children

Non-immune children shall be subject to the same isolation as the patient and kept under observation for 10 days after the last exposure. If medical inspection is available and the child can be inspected daily before entering the classroom, this requirement may be waived if in the opinion of the local health officer such procedure is advisable, and the child may continue school until the onset of symptoms.

Yellow Fever

SECTION 101

Quarantine as provided in Section 35. Also see Section 15.

(a) Case

The patient shall be kept in a mosquito free room satisfactorily screened against mosquitoes. The quarantine period shall be four days after the onset of the fever.

(b) Contacts

Contacts shall be kept under observation for a period of seven days after the date of last exposure.

Venereal Diseases

SECTION 105

Sections 106 to 120 inclusive pertain to the venereal disease and unless otherwise specified shall include syphilis, gonococcus infection, granuloma inguinale, lymphogranuloma venereum, and chancroid. (See Chapter 787 of the 1937 Statutes)

DIAGNOSIS

SECTION 106

The local health officer may require the submission of such specimens as may be designated from cases of venereal disease or from individuals suspected of being infected with a venereal disease for examination in a laboratory approved by the State Department of Public Health. The local health officer may require any physician in attendance on a person infected with a venereal disease or suspected of being infected with a venereal disease to submit such specimens as may be designated for examination in a laboratory approved by the State Department of Public Health provided, however, nothing shall prevent the physician or individual from having additional examinations made elsewhere.

INSTRUCTIONS TO THE PATIENT

SECTION 107

It shall be the duty of the physician in attendance on a person having a venereal disease, or suspected of having a venereal disease, to instruct such patient in precautionary measures for preventing the spread of the disease, the seriousness of the disease, and the necessity for prolonged treatment, and the physician shall, in addition, furnish approved literature on these subjects. Approved literature for distribution to patients may be secured from the State Department of Public Health and the local health departments free of charge.

INVESTIGATION

SECTION 108

All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all reported or suspected cases of venereal disease in the infectious stages within their several territorial jurisdictions, and to ascertain the sources of such infections. The attending physician in every case of venereal disease coming to him for treatment shall endeavor to discover the source of infection as well as any sexual or other intimate contacts while the patient was in the communicable stage of the disease. The physician shall make an effort through the cooperation of the patient to bring these cases in for examination and if necessary, treatment. If within 10 days of identification any such source of infection or any such contact has not given satisfactory evidence of being under the care of a physician, such person shall be reported to the health officer, the physician's name being kept confidential in any investigation by the health department. In cases in which prostitutes are named as sources of infection, all obtainable information as to name, description, residence, etc. shall be given to the health officer at once.

In carrying out such investigations all health officers are hereby invested with full powers of inspection, examination and quarantine of all persons known to be infected with a venereal disease in an infectious stage, or suspected of being infected with a venereal disease in an infectious stage and are hereby directed:

- (a) To make such examinations as are deemed necessary of persons reasonably suspected of having a venereal disease in an infectious stage.
- (b) When the individual to be examined is a woman, to provide the services of a woman physician if such physician is available, when so requested by the individual to be examined.
- (c) To isolate or isolate and quarantine such persons whenever deemed necessary for the protection of the public health. In establishing quarantine the health officer shall proceed as provided in Sections 109, 110, 111, and 112.

SYPHILIS

SECTION 109

Cases of syphilis shall be regarded as communicable and subject to quarantine until under treatment all syphilitic lesions of the skin or mucous membrane are completely healed and a competent clinical examination fails to show the presence of any area from which infectious matter may be disseminated. Any cases who refuse standard accepted treatment or discontinue treatment prematurely, may be subjected to quarantine regulations if the health officer deems it necessary. Those cases who may be especially subject to quarantine are:

- (a) All untreated cases of syphilis, irrespective of the presence or absence of visible lesions except those who prove to the satisfaction of the health officer that the disease is more than four years duration.
- (b) Females in the child bearing age regardless of the duration of infection except those with congenital syphilis who shall be considered as in (a).
- (c) All treated cases, in either (a) or (b) who have received less than the equivalent of 20 injections of each of an approved arsenical and an approved heavy metal within a period of two years. However, this is not to be interpreted to indicate that this is considered adequate therapy but it is given as a minimum to provide a reasonable safeguard to public health. Any case of infectious relapse, or serologic relapse occurring within the first four years after infection, from the standpoint of this provision shall be subject to the same further treatment as though it were an early case, regardless of the amount of initial treatment.

GONOCOCCUS INFECTION

SECTION 110

A case of gonococcus infection shall be regarded as communicable and subject to quarantine until the following requirements have been fulfilled:

Males

- (a) Freedom from discharge.
- (b) Clear urine, no shreds, or shreds negative for gonococci.
- (c) The pus expressed from the urethra following prostatic massage must be negative for gonococci on three successive examinations at intervals of not less than 48 hours.
- (d) Since the above is only presumptive evidence of non-infectiousness, such patients shall be kept under observation for a minimum period of three months as a reasonable safeguard against relapse or carrier state.

Females

- (e) Two successive negative examinations for gonococci of the secretions of the urethra, vagina and of the cervix at intervals of not less than 48 hours and one additional examination shall be made within three days after cessation of menstruation.
- (f) Same provision as (d) above.

Both Sexes

- (g) Check for syphilis by an approved serologic test any patient who is under treatment for gonorrhea before such patient is finally discharged as cured.

QUARANTINE

SECTION 111

Any person now under treatment, or who shall hereinafter present himself (or herself) to any physician or person for treatment or diagnosis of any venereal disease, shall be considered to be in quarantine. The requirements of quarantine shall be considered fulfilled when the patient is reported as provided for in Sections 10, 108, 109, 110, and as long as he (or she) remains under the treatment of any one permitted under the laws of California to treat disease, except that in instances in which in the opinion of the health officer, because of occupation, suspicion of prostitution, or other reason isolation as authorized in Section 108c is deemed reasonably necessary to safeguard other persons.

VIOLATION OF QUARANTINE TO BE REPORTED

SECTION 112

Whenever any person while in the infectious or potentially infectious stage of a venereal disease lapses from treatment for a period of more than ten (10) days after the time appointed for such treatment the said diseased person shall be deemed to have violated quarantine, and the physician or person in attendance upon such case shall report the same at once to the local health department, giving the person's name, address, and report number, together with such other information as requested on the card provided for this purpose, except that this shall not be required in instances in which a report has been received that the patient is under treatment elsewhere.

SECTION 113

If any person has knowledge that a person infected with a venereal disease is failing to observe adequate precautions to prevent spreading infection, he shall report the facts at once to the local health officer.

CERTIFICATION

SECTION 114

Each local health officer shall take every proper means of repressing prostitution inasmuch as it is the most prolific source of the venereal diseases. Health officers and physicians shall not issue certificates of freedom from venereal diseases to known prostitutes as such certificates may be used for purposes of solicitation.

PARENTS OR GUARDIANS RESPONSIBLE FOR COMPLIANCE OF MINORS

SECTION 115

The parents or guardians of minors suffering from a venereal disease shall be legally responsible for the compliance of such minors with the requirements of the regulations relating to the venereal diseases.

REPORT OF UNUSUAL PREVALENCE

SECTION 116

When the local health officer, through investigation, becomes aware of unusual prevalence of venereal diseases, or of unusual local conditions favoring the spread of these diseases, he shall report the facts at once to the State Department of Public Health.

REPORTS CONFIDENTIAL

SECTION 117

Reports of examinations, cases, investigations and all records thereof made under the regulations for the control of venereal diseases shall be confidential and not open to public inspection and no part thereof divulged except as may be necessary for the preservation of the public health.

Conjunctivitis
(Acute infectious)

SECTION 118

Prophylactic for conjunctivitis, acute infectious of the newborn, (ophthalmia neonatorum) shall be administered immediately after birth in accordance with Sections 551-556 Business and Professions Code. All physicians, midwives, and other persons lawfully engaged in the practice of obstetrics may obtain, without cost, the prophylactic for ophthalmia neonatorum (silver nitrate solution in wax ampules), together with directions for its use, by applying to the State Department of Public Health, Division of Laboratories, 3093 Life Sciences Building, Berkeley, California.

Terminal Disinfection

SECTION 125

Each person released from quarantine or isolation shall bathe and wash his hair with soap and hot water and put on clean clothes. The area of isolation shall be disinfected under the supervision of the health officer. The disinfection shall be a thorough cleansing of the entire area of isolation and should consist in the scrubbing with soap and water of all floors, woodwork, and furniture. There is no necessity for washing ceilings or the upper parts of walls beyond the person's reach. Upholstered furniture, carpets, mattresses, and hangings should be exposed to direct sunlight for several days.

Carriers

SECTION 126

Any person known to be or suspected of being a carrier of any communicable disease shall be reported to the health officer and shall not be permitted to engage in any occupation or activity that would endanger other persons; and such carrier shall be placed in such a degree of isolation or quarantine as the health officer shall deem advisable. See Sections 127, 128, 129, 130.

Diphtheria Carriers

SECTION 127

Any person who has been free from the symptoms of diphtheria for four weeks or longer and who harbors virulent diphtheria bacilli is a carrier. A modified quarantine may be established if in the judgment of the health officer such procedure is not detrimental to the public health, except that no member of the household shall be permitted to have any part in the preparation or serving of food to persons other than members of his immediate family; nor shall they be engaged in any occupation or activity which brings them in contact with milk, milk products, milk bottles, or milk utensils; nor shall they in any way be in contact with children or large groups of people.

Bacillary Dysentery Carriers, Typhoid Carriers, Paratyphoid Carriers

SECTION 128

Any person whose feces or urine contains the bacilli causing these diseases and who is not ill shall be reported as a carrier. Sections 128.10, 128.20, 128.30, and 128.40 define the carriers and the restrictions placed upon them.

SECTION 128.10

Any person who has been free from symptoms of any of these diseases for one month and whose feces or urine contains the bacilli causing these diseases shall be reported as a *convalescent carrier*.

SECTION 128.20

Any convalescent carrier whose feces or urine continues to contain any of these bacilli after one year following clinical recovery, shall be reported as a *chronic carrier*, and any person whose feces or urine contains any of these bacilli but gives no history of recently having had the disease shall be recorded also as a *chronic carrier*.

SECTION 128.30

When any known or suspected carrier of any of these diseases is reported to or determined by the local health authority, he shall make an investigation, submit a report to the State Department of Public Health and obtain second specimens of feces and urine to be submitted to the Division of Laboratories, State Department of Public Health, for confirmation. Any known or suspected carrier of these diseases shall be subject to modified isolation and the provisions of this isolation shall be fulfilled during such period as he complies with the instructions issued by the State Department of Public Health and the local health officer. Such instructions shall be given to the carrier in writing by the local health officer and shall include the following requirements:

- (a) The individual shall not have any part in the preparation, serving or handling of food which may be consumed by any person other than members of his immediate family; nor shall he be engaged in any occupation which brings him in contact with milk, milk products, milk bottles, or milk utensils; nor shall he participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served; nor shall he reside on the premises of any such food handling establishment.
- (b) Every member of the carrier's family shall be encouraged to be immunized against typhoid fever and such immunization should be repeated at least every three years.
- (c) The carrier shall wash his hands thoroughly with soap and hot water and a nail brush after using the toilet and before handling food in his home.
- (d) If the premises on which the carrier resides is provided with an outdoor privy, the carrier shall have on hand at all times an adequate supply of quicklime and use it as instructed. The privy shall be kept at all times in a sanitary condition and screened against flies.
- (e) The carrier shall keep the local health officer informed at all times of his address and occupation, and notify the health officer at once of any contemplated change in his address or occupation.
- (f) The carrier shall communicate with the health officer before submitting to any type of treatment intended for the cure of the carrier condition.
- (g) He shall report to the health officer immediately any cases of illness suggestive of typhoid or dysentery in his family or among his immediate associates.
- (h) The carrier shall not live or work upon the premises of a dairy except with the written permission of the Director of the State Department of Public Health.

SECTION 128.40

The local health officer shall visit each carrier in his territory at least twice a year to check on the occupation, address, and other activities of the carrier, and to determine if all instructions are being carried out.

Release of Chronic Carriers

SECTION 129

Carriers of Bacillary Dysentery bacilli as defined in Sections 128, 128.10, 128.20, 128.30 and 128.40 shall not be released from restrictions until at least five successive negative feces specimens taken at not less than weekly intervals have been obtained. See Section 133 also.

SECTION 130

Carriers of Typhoid or Paratyphoid bacilli as defined in Sections 128, 128.10, 128.20, 128.30 and 128.40 shall not be released from restrictions unless the requirements listed in Sections 130.10, 130.20, 130.30, and 130.40 are met.

URINARY CARRIERS

SECTION 130.10

Urinary carriers are not to be released at any time except in those instances where removal of the infected kidney has been performed followed by six successive negative urinary specimens taken at monthly intervals. In those instances in which the carrier status was determined by only one positive specimen, release may be granted by the Director of the State Department of Public Health when six negative urinary specimens taken at monthly intervals have been obtained. Also see Section 133.

FECAL CARRIERS

SECTION 130.20

Where the individual was determined to be a carrier on the basis of only one positive feces specimen, release may be granted by the State Department of Public Health upon fulfillment of the following conditions:

One authentic stool and urine specimen monthly for five months followed by one bile specimen and then another stool and urine specimen. If all these are reported as negative, the carrier is freed from supervision. If any one of the specimens is positive, the individual is not released until provisions under Section 130.30 are met. If the individual who is to be released is a food handler or nurse, the procedure is the same except that two additional bile specimens are to be required.

(Continued in next issue)

MORBIDITY*

Complete Reports for Certain Diseases Recorded for Week Ending May 15, 1943 (Civilian Cases)

Chickenpox

1,379 cases from the following counties: Alameda 267, Butte 1, Contra Costa 108, Fresno 29, Humboldt 2, Imperial 6, Inyo 14, Kern 15, Los Angeles 363, Madera 2, Marin 8, Merced 4, Monterey 3, Napa 1, Nevada 1, Orange 46, Riverside 25, Sacramento 23, San Bernardino 8, San Diego 149, San Francisco 107, San Joaquin 60, San Luis Obispo 4, San Mateo 34, Santa Barbara 3, Santa Clara 48, Santa Cruz 13, Sonoma 17, Stanislaus 2, Tulare 2, Ventura 12, Yuba 2.

German Measles

1,628 cases from the following counties: Alameda 244, Contra Costa 63, El Dorado 1, Fresno 41, Kern 13, Los Angeles 582, Madera 10, Marin 19, Mono 5, Monterey 2, Orange 75, Placer 1, Riverside 44, Sacramento 27, San Bernardino 27, San Diego 125, San Francisco 116, San Joaquin 35, San Luis Obispo 13, San Mateo 17, Santa Barbara 6, Santa Clara 49, Santa Cruz 10, Sonoma 39, Sutter 1, Tehama 6, Tulare 1, Ventura 54, Yolo 1, Yuba 1.

Measles

1,077 cases from the following counties: Alameda 134, Butte 2, Calaveras 2, Contra Costa 155, Fresno 14, Humboldt 6, Imperial 4, Inyo 1, Kern 14, Los Angeles 361, Madera 1, Marin 4, Mendocino 5, Monterey 20, Napa 1, Orange 9, Riverside 24, Sacramento 22, San Benito 3, San Bernardino 9, San Diego 93, San Francisco 85, San Joaquin 11, San Luis Obispo 2, San Mateo 14, Santa Barbara 6, Santa Clara 45, Santa Cruz 1, Shasta 3, Solano 4, Sonoma 5, Sutter 4, Tehama 3, Tulare 5, Tuolumne 1, Ventura 4.

Mumps

861 cases from the following counties: Alameda 107, Amador 1, Butte 2, Contra Costa 42, El Dorado 1, Fresno 15, Humboldt 12, Imperial 1, Kern 10, Lassen 2, Los Angeles 215, Madera 1, Marin 8, Merced 4, Monterey 1, Orange 60, Riverside 23, Sacramento 8, San Bernardino 26, San Diego 106, San Francisco 62, San Joaquin 97, San Luis Obispo 2, San Mateo 19, Santa Barbara 4, Santa Clara 16, Siskiyou 1, Solano 1, Sonoma 1, Stanislaus 5, Sutter 2, Ventura 2, Yuba 4.

Scarlet Fever

163 cases from the following counties: Alameda 11, Contra Costa 8, Fresno 2, Humboldt 1, Lassen 1, Los Angeles 48, Marin 1, Merced 3, Orange 3, Riverside 9, Sacramento 5, San Bernardino 3, San Diego 11, San Francisco 25, San Joaquin 1, San Mateo 3, Santa Barbara 2, Santa Clara 13, Solano 3, Sonoma 1, Stanislaus 4, Tulare 3, Ventura 2.

Whooping Cough

536 cases from the following counties: Alameda 64, Butte 1, Contra Costa 46, Fresno 6, Imperial 1, Inyo 2, Kern 6, Los Angeles 149, Marin 3, Mendocino 1, Merced 4, Monterey 5, Orange 12, River-

side 25, Sacramento 18, San Bernardino 10, San Diego 46, San Francisco 41, San Joaquin 44, San Luis Obispo 1, San Mateo 1, Santa Barbara 2, Santa Clara 6, Santa Cruz 2, Sonoma 7, Stanislaus 1, Sutter 5, Tulare 3, Ventura 11, Yolo 6, Yuba 7.

Diphtheria

8 cases from the following counties: Alameda 1, Los Angeles 4, Riverside 1, San Joaquin 2.

Epilepsy

43 cases from the following counties: Alameda 2, Contra Costa 1, Los Angeles 29, Orange 1, Riverside 2, Sacramento 3, San Francisco 3, San Joaquin 1, Sonoma 1.

Dysentery (Bacillary)

16 cases from the following counties: Fresno 7, Los Angeles 9.

Food Poisoning

7 cases from the following counties: Kern 2, Los Angeles 1, San Francisco 1, Stanislaus 3.

Influenza (Epidemic)

46 cases reported in the State.

Jaundice (Infectious)

3 cases from the following counties: Orange 2, San Diego 1.

Malaria

2 cases from the following counties: Los Angeles 1, San Diego 1.

Meningitis (Meningococcic)

20 cases from the following counties: Alameda 5, Los Angeles 4, Sacramento 2, San Diego 4, San Francisco 1, San Joaquin 2, Santa Clara 1, Ventura 1.

Paratyphoid Fever (Beta Type)

One case reported from Los Angeles County.

Pneumonia (Infectious)

98 cases reported in the State.

Poliomyelitis (Acute Anterior)

14 cases from the following counties: Alameda 3, Los Angeles 4, Orange 2, San Bernardino 1, San Diego 1, San Francisco 1, San Luis Obispo 1, Santa Cruz 1.

Rabies (Animal)

21 cases from the following counties: Fresno 1, Kern 1, Los Angeles 19, Riverside 1, San Diego 2.

Rheumatic Fever (Acute)

6 cases from the following counties: Alameda 1, Contra Costa 1, Los Angeles 2, San Francisco 1, Sonoma 1.

Tetanus

3 cases from the following counties: Los Angeles 2, Orange 1.

Rocky Mountain Spotted Fever

2 cases from Lassen County.

Undulant Fever

3 cases from the following counties: Fresno 1, Los Angeles 1, Stanislaus 1.

Tularemia

2 cases from the following counties: Inyo 1, not allocated 1.

Typhoid Fever

4 cases from the following counties: Calaveras 2, Solano 1, Tehama 1.

Gonorrhea

224 cases reported in the State.

Syphilis

677 cases reported in the State.

* Data regarding the other reportable diseases not listed herein may be obtained upon request.

University Of California,
Medical Library,
3rd. & Parnassus Ave.,
San Francisco, Calif.

